What does a healthcare documentation specialist do?

A healthcare documentation specialist, sometimes known as a medical transcriptionist or a medical documentation editor, listens to a voice recording made by a doctor or other healthcare professional and either transcribes the information into a captured electronic record, or reviews and edits a version produced by a speech recognition technology software program for the record. The reports produced become part of the legal medical record, and include medical histories, discharge summaries, physical examination reports, operating room reports, diagnostic imaging studies, consultation reports, autopsy reports, referral letters and other documents. These reports are important because they serve as the foundation for ongoing clinical decision-making, continuity of care, maximized reimbursement, and risk management.

Where does a healthcare documentation specialist work?

Many healthcare documentation specialists work from their homes as independent contractors, subcontractors, or as home-based employees. Others work in doctors’ offices, public and private hospitals, teaching hospitals, medical schools, healthcare documentation businesses, clinics, laboratories, pathology and radiology departments, insurance companies, medical libraries, government medical facilities, rehabilitation centers, legal offices, research centers, veterinary medical facilities.

Are there job openings for healthcare documentation specialists?

Job growth is solid, because the healthcare industry is growing. As the baby boomer generation moves into the long-term healthcare spectrum (creating greater patient volume in the US healthcare system) and boomer transcriptionists retire from practice, industry experts predict a critical shortage of documentation workers to meet the evolving demands of health care.

What other roles are available for healthcare documentation specialists?

Qualified healthcare documentation specialists who wish to expand their professional responsibilities may become editors, quality assurance specialists, or supervisors. Experienced healthcare documentation specialists may become teachers, working in schools and colleges to educate future HDSs, work as managers, authors of textbooks, or owners of healthcare documentation businesses. They may provide instruction and training to new EHR users; help create EHR templates; design, test, and implement best practices in EHR use; develop and implement EHR policies and procedures to meet regulatory compliance; offer compliance services and training; provide ongoing training and support to EHR users, and many others.
Getting Started in Healthcare Documentation

Academic Requirements

Healthcare documentation specialists need to be able to type accurately and quickly, but the even greater challenge for this career is mastering complex medical terminology and critical thinking skills to determine the accuracy of the reports and follow established protocols to deal with inaccuracies.

To be able to identify, spell, and use the appropriate expanded form of thousands of medical terms, medications, acronyms, abbreviations, and codes, students in this field study medical language, anatomy and physiology, disease processes, laboratory terminology, medical procedures, instruments, equipment, pharmacology, and other words frequently used in medical reports. They build a library of reference books and online databases, which they use frequently throughout their career. They also must have good command of English grammar, spelling, and punctuation. Good computer knowledge and Internet researching skills are important, as well.

Enroll in an AHDI-approved healthcare documentation training program

Training is available at many community colleges, vocational schools, and online education programs. Candidates seeking a credible education in healthcare documentation should select a program that has met the industry benchmarks for such training. The Association for Healthcare Documentation Integrity (AHDI) provides oversight and approval of industry training programs in healthcare documentation through the Approval Committee for Certificate Programs (ACCP). Schools that have met this rigorous evaluation process can be found on the AHDI Approved Schools list. Schools and technical programs that have met the standards for approval offer training programs of typically 10 months to 2 years in length. You will want to visit the website to see which schools have been approved.

After graduation, earn your Registered Medical Transcriptionist (RMT) credential

The Registered Medical Transcriptionist (RMT) exam is an industry-recognized exam. The RMT credential serves as a benchmark for entry into practice. It demonstrates job-readiness to industry employers. Graduates from approved schools are generally better prepared to sit for the Registered Medical Transcriptionist (RMT) exam.

For more information on credentialing, download a copy of the Credentialing Candidate Guide and visit our Registered Healthcare Documentation Specialist web page.